OCT 2 1 2005

PART B - FEE(S) TRANSMITTAL

orm, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450 d Tennish Alexandria, Virginia 22313-1450 or <u>Fax</u> (571) 273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as maintenance fee notifications.

[271] 213-2285 CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(a) Transmittal This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 23650 07/25/2005 NOVO NORDISK, INC. Certificate of Mailing or Transmission

I hereby certify that this Fer(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimals transmitted to the USPTO (571) 273-2885, on the date indicated below. PATENT DEPARTMENT 100 COLLEGE ROAD WEST PRINCETON, NJ 08540 10/24/2005 TBESHAH2 00000041 141447 10068224 SABA BYTHA SZOKOLCZA 1400.00 DA 21/05 Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/068_224 02/05/2002 Time Meinertz Andersen 6248.200-US 7678 TITLE OF INVENTION: COMPOSITION FOR IVE APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 10/25/2005 EXAMINER ART UNIT CLASS-SUBCLASS FOSTER, JIMMY G 3728 206-213100 Change of correspondence address or indication of "Fee Address" (37 CFR 1.163). 2. For printing on the patent front page, list Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (i) the names of up to 3 registered patent attorneys or agents OR, alternatively, ZEN S. SMITTE (2) the name of a single farm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attoracys or agents. If no name is listed, no name will be printed. O "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or thore recent) attached. Use of a Custom Number is required. REZA GREEN RICHORD BOOK 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print of type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If on assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) NOVO NORDISK AJS BOGSVOKED, DENMARK Please check the appropriate assignee entegory or entegories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): ksue Fee A check in the amount of the (cc(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. . Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). 5. Change in Eatity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. B. Applicant is no longer claiming SMALL ENTITY states. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously gaid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as above by the records of the United Suggest Patens and Anderson Office. Authorized Signature OCT. 21, 2005 Typed or printed mame Registration No.

This coffection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of time you require to complete Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

10/21/2005 18:50 PAX 609 919 7741

OCT 2 1 2005

Attorney Docket No.: 6248.200-US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Andersen et al.

Serial No.: 10/068,224

Group Art Unit: 3728

Filed: February 5, 2002

Examiner: Jimmy G. Foster

For: Composition for IVF

CERTIFICATE OF FACSIMILE TRANSMISSION 571-273-2885

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Sir:

I hereby certify that the attached correspondence comprising:

1. Issue Fee (in duplicate)

was sent to the United States Patent and Trademark Office by telefax to the attention of Examiner Jimmy G. Foster, fax number (571)-273-2885.

Respectfully submitted,

Date: October 21, 2005

Csaba Attila Szakolczai Novo Nordisk® Inc. Customer Number 23650 (609) 987-5800